**AED DONATION, ACCEPTANCE & MAINTAINENCE AGREEMENT**

This agreement (the “Agreement”), is entered into, effective the date stated below, by and among:

Parties: Sudden Cardiac-death Awareness Research Foundation (S.C.A.R.F.), an Illinois non-profit corporation and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“You”).

S.C.A.R.F agrees to donate an Automated External Defibrillator (“AED”) (the “Donation”), and You agree to accept the Donation, under the following terms:

1. S.C.A.R.F Tasks: S.C.A.R.F. will donate a brand new ZOLL AED along with all the standard accessories and instructions directly to You. Refer to Schedule 1.

2. Your Tasks: You will register each of the AED with the manufacturer and agree to maintain the manufacturer’s recommended schedule of care and maintenance for the AED’s.

\_\_\_\_\_\_\_\_YOUR INITIALS

3. Organization: If You are accepting the Donation on behalf of an organization, You represent and warrant that the execution, delivery, and performance of this Agreement by You is within Your power and authority and has been duly authorized by all necessary action by the organization on whose behalf You execute this Agreement. If You are executing this Agreement on behalf of an organization, then any reference to “You” shall also refer to such organization and its partners, members, shareholders, directors, officers, employees, agents, and contractors.

\_\_\_\_\_\_\_\_ YOUR INITIALS

4. INDEMNITY & WAIVER: YOU AGREE TO INDEMNIFY, DEFEND, AND HOLD S.C.A.R.F (SUDDEN CARDIAC-DEATH AWARENESS RESEARCH FOUNDATION), HARMLESS FOR, FROM, AND AGAINST ANY AND ALL CLAIMS, OF ANY NATURE WHATSOEVER ARISING FROM OR RELATING TO THE CARE, STORAGE, MAINTENANCE, PERFORMANCE, OR USE OF ANY OF THE AED’S (“CLAIMS”). YOU HEREBY WAIVE ANY AND ALL CLAIMS YOU MAY HAVE AT ANY TIME AGAINST SUDDEN CARDIAC-DEATH AWARENESS RESEARCH FOUNDATION AND ITS DIRECTORS, OFFICERS, COMMITTEE MEMBERS, EMPLOYEES, AGENTS, REPRESENTATIVES, OR CONTRACTORS. NOTWHITSTATNDING THE PROVISIONS OF THIS SECTION 4, YOU ACKNOWLEDGE THAT YOU ARE AN ILLINOIS PUBLIC INSTITUTION AND THAT ANY INDEMNIFICATION AND HOLD HARMLESS PROVISION IN THIS SECTION 4 MAY BE LIMITED, IF AT ALL, BY THE LAW OF THE STATE OF ILLINOIS.

\_\_\_\_\_\_\_\_YOUR INITIALS

5. YOUR RESPONSIBILITY: YOU ACKNOWLEDGE AND AGREE THAT IT IS YOUR SOLE RESPONSIBILITY TO PROPERLY CARE FOR, STORE, MAINTAIN IN GOOD WORKING ORDER, USE, AND TEST THE AED ACCORDING TO THE GUIDELINES OF THE AED MANUFACTURER, AND THAT S.C.A.R.F. HAS NOT, WILL NOT, AND NEED NOT PROVIDE OVERSIGHT, TRAINING, OR OTHER HELP FOR THIS RESPONSIBILITY. YOU AGREE TO NOTIFY S.C.A.R.F. IN WRITING EACH TIME THE AED IS DEPLOYED, AND REPORT ON THE INCIDENT AND OUTCOME.

\_\_\_\_\_\_\_\_YOUR INITIALS

6. WARRANTIES: S.C.A.R.F. HEREBY DISCLAIMS ANY AND ALL REPRESENTATIONS, WARRANTIES, AND GUARANTEES OF ANY KIND OR NATURE, EXPRESS OF IMPLIED, AS TO THE VLAUE OF THE AED AND SPECIFICALLY DISCLAIMS ANY REPRESENTATION OR WARRANTY OF MERCHANTABILITY. MARKETABILITY, USAGE, OR FITNESS OF ANY PARTICULAR PURPOSE WITH RESPECT THE AED. THE PROVISIONS OF THIS PARAGRAPH SHALL SURVUVE THE EXECUTION OF THIS AGREEMENT.

\_\_\_\_\_\_\_\_YOUR INITIALS

7. Attorney’s Fees: Any party who commences or defends an action against the other party to enforce any of the terms of this Agreement or because of a breach by either party of any of its terms, and is successful in such prosecution or defense, whether in litigation, arbitration, or otherwise, shall recover from the losing or defaulting party reasonable attorney’s fees, costs, and expenses incurred in connection with the prosecution or defense of such action.

8. Governing Law: Any and all matters in dispute between the parties to this Agreement, whether arising from or relating to the Agreement itself, or arising from alleged extra-contractual facts prior to, during or subsequent to the Agreement, including, without limitation, fraud, misrepresentation, negligence or any other alleged tort or violation of the contract, shall be governed by, construed, and enforced in accordance, with the laws of the State of Illinois, regardless of the legal theory upon which such matter is asserted.

9. Jurisdiction and Venue: Any action, arbitration, audit, hearing, investigation, litigation, or suit (whether civil, criminal, administrative, judicial, investigative, whether formal or informal, whether public or private) commenced, brought, conducted, or heard by or before, or otherwise involving, any governmental body or arbitrator arising out of or relating to this Agreement shall be brought in the courts of the State of Illinois, County of Kane.

10. Binding Effect: This agreement is binding upon the heirs, personal representatives, administrators, agents, successors, and assigns, of the respective partied.

11. Gender and Number: Whenever used in this Agreement, the singular shall include the plural and the plural shall include the singular, the make shall include the female gender and a trust, partnership, firm, company or corporation, all as the context and meaning of this Agreement require.

12. Headings: The descriptive headings of the several sections of this Agreement are inserted for convenience only and do not constitute a part of this Agreement.

13. Entire Agreement; Amendment: This Agreement contains all of the agreements of the parties with respect to the matters contained herein and no prior agreement or understanding pertaining to any such matter shall be effective for any purpose. No provision of this Agreement may be amended or added except by an agreement in writing signed by the parties and/or their respective successors.

14. Counterparts; Fax/electronic Signatures: This agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. Facsimile or electronic signatures shall be as effective as original signatures.

15. Severability: In the event that any one or more of the provisions or parts of a provision contained in this Agreement shall for any reason be held to be invalid, illegal, or unenforceable in any respect in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other provision or part of a provision of this Agreement or any other jurisdiction, but this Agreement shall be reformed and construed in any such jurisdiction as if such invalid or illegal or unenforceable provision or part of a provision had never been contained herein and such provision or part shall be reformed so that it would be valid, legal, and enforceable to the maximum extent permitted in such jurisdiction.

Wherefore, the parties execute this Agreement effective this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

**Sudden Cardiac-death Awareness Research Foundation YOU:**

**(S.C.A.R.F.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name

By: By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Title

**SCHEDULE 1**

Serial number(s) of AEDs donated by S.C.A.R.F. to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Serial #

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has received the above AEDs (with the above associated serial numbers) in brand new condition donated by S.C.A.R.F.

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date